ATTACHMENT 4

Board of Directors Roster

Agency Name:								
Name	City	Zip	Gender	Race/ Ethnicity	Years On Board	Occupation/ Other Affiliations	Compensated Service Provided	Annual Compensation
Term of Office How many Board Members are authorized by your Agency's By-Laws?								
How often does the Agency's Board of Directors review, analyze and approve detailed financial statements?								
Regular Meeting Date								
Dates of Three (3) Most Recent Meetings Held:		1)		2)		3)		